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# MEDICAID MEMO

**TO:** All Prescribing Providers, Pharmacists, and Managed Care Organizations (MCOs)  
Participating in the Virginia Medical Assistance Programs

**FROM:** Cynthia B. Jones, Director  
Department of Medical Assistance Services (DMAS)

**MEMO:** Special

**DATE:** 11/26/2013

**SUBJECT:** Modifications to the Virginia Medicaid Preferred Drug List (PDL) Program, New Drug Utilization Review (DUR) Board Approved Service Authorization (SA) Requirements, ProDUR Message Enhancements and Submission of NDCs Only for Pharmacy Claims — **Effective January 1, 2014**

The purpose of this memorandum is to inform providers about modifications to Virginia Medicaid's Fee-For-Service Preferred Drug List (PDL) Program, the new DUR Board approved SA requirements that will be effective on January 1, 2014, and ProDUR message enhancements.

The PDL with criteria can be found at [http://www.dmas.virginia.gov/pharm-pdl\\_program.htm](http://www.dmas.virginia.gov/pharm-pdl_program.htm) or <https://www.virginiamedicaidpharmacyservices.com/>. In addition a faxed copy of the PDL can be obtained by contacting the Clinical Call Center at 1-800-932-6648. Additional information and Provider Manual updates will be posted as necessary. Comments and questions regarding this program may be emailed to [pdlinput@dmas.virginia.gov](mailto:pdlinput@dmas.virginia.gov).

## **Preferred Drug List (PDL) Updates – Effective January 1, 2014**

The PDL is a list of preferred drugs, by select therapeutic class, for which the Medicaid Fee-for-service program allows payment without requiring service authorization (SA). *Please note that not all drug classes are subject to the Virginia Medicaid PDL.* In the designated classes, drug products classified as non-preferred will be subject to SA. In some instances, other additional clinical criteria may apply to a respective drug class which could result in the need for a SA.

The PDL program aims to provide clinically effective and safe drugs to its members in a cost-effective manner. Your continued compliance and support of this program is critical to its success. The PDL information in this Memo applies for the Medicaid and FAMIS Plus fee-for-service populations. The PDL **does not** apply to members enrolled in a Managed Care Organization (MCO). Many Medicaid members are enrolled with one of the Department's contracted MCOs. In order to be reimbursed for services provided to a MCO enrolled individual, providers must follow their respective contract with the MCO. The MCO may utilize different PDL, prior authorization, billing and reimbursement guidelines than those described for

Medicaid and FAMIS fee-for-service individuals. Additional information about the DMAS MCO program can be found at [http://www.dmas.virginia.gov/Content\\_pgs/mc-home.aspx](http://www.dmas.virginia.gov/Content_pgs/mc-home.aspx).

The DMAS Pharmacy and Therapeutics (P&T) Committee conducted its annual review of the PDL Phase I drug classes on October 24, 2013 and approved the following **changes** to Virginia Medicaid's PDL (Table 1):

Table 1

Drug Class	Preferred	Non-Preferred (Requires SA)
<b>ACE Inhibitors + CCB Combination</b>	amlodipine/benazepril	Lotrel <sup>®</sup>
<b>Acne Agents – Topical Retinoids</b>	tretinoin microspheres	Retin-A <sup>®</sup> Micro, Retin-A <sup>®</sup> Micro Pump
<b>Antihistamines, Intranasal</b>	Astepro <sup>®</sup>	
<b>Antimigraine</b>	rizatriptan ODT	Maxalt-MLT
<b>Antivirals, Hepatitis C</b>		Pegasys <sup>®</sup> Proclick/Syringe/Kit/Vial
<b>ARB + Diuretic Combination</b>	valsartan/HCTZ	Diovan <sup>®</sup> HCT
<b>Cough and Cold</b>		Centergy <sup>®</sup>
<b>Ophthalmic, Glaucoma Beta Blockers</b>		Combigan <sup>®</sup> , betaxolol
<b>Ophthalmic, Glaucoma</b>	Simbrinza <sup>™</sup>	
<b>Ophthalmic, Allergic Conjunctivitis</b>		Optivar <sup>®</sup>
<b>Opiate Dependence Treatments</b>	Zubsolv <sup>™</sup>	
<b>Nasal Steroids</b>		Nasacort <sup>®</sup> AQ
<b>PDE5 Inhibitors</b>		Adcirca <sup>®</sup>
<b>Urinary Antispasmodics</b>	Vesicare <sup>®</sup>	flavoxate

The P&T Committee also approved the addition of several new classes and criteria to the PDL. These include vaginal antibiotics, ophthalmic antibiotic-steroid combinations, inhaled antibiotics, Alzheimer's agents, H. Pylori treatments, bile salts, antiemetic/antivertigo drugs and drugs used in the treatment of Alzheimer's, hereditary angioedema (HAE) and irritable bowel syndrome (Table 2). Please refer to the PDL for additional details.

Table 2

Drug Class	Preferred	Non-Preferred (Requires SA)
<b>Alzheimer's Agents</b>	donepezil tablets, Exelon <sup>®</sup> Transdermal, Namenda tablets and solution	Aricept <sup>®</sup> , donepezil ODT & 23mg, Exelon <sup>®</sup> capsules & solution; galantamine, Namenda <sup>®</sup> XR tab & dosepak, rivastigmine
<b>Antibiotics, inhaled</b>	Tobi <sup>®</sup> , Tobi <sup>®</sup> Podhaler	Cayston <sup>®</sup>
<b>Antibiotics, vaginal</b>	Cleocin <sup>®</sup> Ovules, Metrogel <sup>®</sup> , Vandazole <sup>®</sup> gel	Cleocin <sup>®</sup> Cream, Clindesse <sup>®</sup> , clindamycin cream and metronidazole gel
<b>Antibiotic-Steroid, Ophthalmic</b>	TobraDex <sup>®</sup> Susp & Oint, neomycin/polymixin/dexamethasone	Many – refer to complete PDL
<b>Antiemetic/Antivertigo Agents</b>	Marinol <sup>®</sup> , meclizine, ondansetron tablet & ODT, prochlorperazine tablet, promethazine tablet/syrup/suppository	Many – refer to complete PDL
<b>Bile Salts</b>	ursodiol 300mg Capsule	Actigall <sup>®</sup> , Chenodal <sup>®</sup> , ursodiol tablet, Urso <sup>®</sup> 250, Urso <sup>®</sup> Forte tablet

<b>H. Pylori Treatments</b>	Helidac <sup>®</sup> , Pylera <sup>™</sup> , Prevpac <sup>®</sup>	Omeclamox-Pak <sup>®</sup> , lansoprazole/amoxicillin/clarithromycin
<b>Hereditary Angioedema (HAE)</b>	Kalbitor <sup>®</sup> , Cinryze <sup>®</sup> , Berinert <sup>®</sup>	Firazyr <sup>®</sup>
<b>Irritable Bowel Syndrome</b>	Amitiza <sup>®</sup>	Linress <sup>™</sup> , Lotronex <sup>®</sup>

The Committee also approved changes in the clinical criteria for Zubsolv<sup>®</sup>, Juxtapid<sup>®</sup>, Kynamro<sup>®</sup> and ADHD drugs. Please refer to the PDL for details of these changes.

The PDL with criteria can be found at [http://www.dmas.virginia.gov/pharm-pdl\\_program.htm](http://www.dmas.virginia.gov/pharm-pdl_program.htm) or <https://www.virginiamedicaidpharmacyservices.com/>. In addition a faxed copy of the PDL can be obtained by contacting the Clinical Call Center at 1-800-932-6648. Additional information and Provider Manual updates will be posted as necessary. Comments and questions regarding this program may be emailed to [pdlinput@dmas.virginia.gov](mailto:pdlinput@dmas.virginia.gov).

#### **PDL Service Authorization (SA) Process**

A message indicating that a drug requires a SA will be displayed at the point of sale (POS) when a non-preferred drug is dispensed. Pharmacists should contact the member's prescribing provider to request that they initiate the SA process. Prescribers can initiate SA requests by letter; faxing to 1-800-932-6651; contacting the Clinical Call Center at 1-800-932-6648 (available 24 hours a day, seven days a week); or by using the web-based service authorization process (Web SA). Faxed and mailed SA requests will receive a response within 24 hours of receipt. SA requests can be mailed to:

Magellan Medicaid Administration  
ATTN: MAP Department/ VA Medicaid  
11013 W. Broad StreetGlen Allen, Virginia 23060

A copy of the SA form is available online at <https://www.virginiamedicaidpharmacyservices.com>. The PDL criteria for SA purposes are also available on the same website.

#### **PDL 72-Hour-Supply Processing Policy and Dispensing Fee Process**

The PDL program provides a process where the pharmacist may dispense a 72-hour supply of a non-preferred, prescribed medication if the prescriber is not available to consult with the pharmacist (after-hours, weekends, or holidays), **AND** the pharmacist, in his/her professional judgment, consistent with current standards of practice, feels that the patient's health would be compromised without the benefit of the drug. A phone call by the pharmacy provider to Magellan Medicaid Administration at 1-800-932-6648 (available 24 hours a day, seven days a week) is required for processing a 72-hour supply. The member will be charged a co-payment applicable for this 72-hour supply (partial fill). However, a co-payment will not be charged for the completion fill. The prescription must be processed as a "partial" fill and then a "completion" fill. For unit-of-use drugs (i.e., inhalers, drops, etc.), the entire unit should be dispensed and appropriate action taken to prevent similar situations in the future.

Pharmacy providers are entitled to an additional \$3.75 dispensing fee when filling the completion of a 72-hour-supply prescription for a non-preferred drug. To receive the additional dispensing fee, the pharmacist must submit the 72-hour supply as a partial fill and, when submitting the claim for the completion fill, enter “03” in the “Level of Service” (data element 418-DI) field. The additional dispensing fee is only available (one time per prescription) to the pharmacist after dispensing the completion fill of a non-preferred drug when a partial (72-hour supply) prescription was previously filled.

### **Mobile Device Download for PDL**

There are two ways to download the PDL to mobile devices. There is a link on the DMAS website ([http://www.dmas.virginia.gov/pharm-pdl\\_program.htm](http://www.dmas.virginia.gov/pharm-pdl_program.htm)) which enables providers to download the PDL to their mobile device. This page will have complete directions for the download and HotSync operations.

ePocrates® users may also access Virginia Medicaid’s PDL through the ePocrates® formulary link at [www.epocrates.com](http://www.epocrates.com). ePocrates® is a leading drug information software application for mobile devices and desktop computers. For more information and product registration, please visit the ePocrates® website at [www.epocrates.com](http://www.epocrates.com). To download the Virginia Medicaid PDL via the ePocrates® website to your mobile device, please follow these steps:

1. Ensure that you have the most recent version of ePocrates Rx® installed on your mobile device.
2. Connect to the Internet and go to [www.epocrates.com](http://www.epocrates.com).
3. Click the “Add Formularies” link at the top of the page.
4. Log in to the website using your user name and password.
5. Select “Virginia” from the “Select State” menu.
6. Select “Virginia Medicaid-PDL” under “Available Formularies.”
7. Click on “Add to My List” and then click on “Done.”
8. Auto Update your mobile device to install the “Virginia Medicaid-PDL” to your mobile device.

### **DMAS Drug Utilization Review Board Activities**

The DMAS Drug Utilization Review Board (DUR Board) met on September 12, 2013 and recommended that DMAS require prescribing providers to submit a Service Authorization (SA) for the use of the following drugs based on FDA approved labeling effective January 1, 2014:

- Mekinist™ (trametinib)
- Revlimid® (lenalidomide)
- Tafenlar® (dabrafenib)

Prescribers can initiate SA requests by letter; faxing to 1-800-932-6651; contacting the Magellan Clinical Call Center at 1-800-932-6648 (available 24 hours a day, seven days a week); or by using the web-based service authorization process (Web SA). Faxed and mailed SA requests will receive a response within 24 hours of receipt. SA requests can be mailed to:

Magellan Medicaid Administration  
ATTN: MAP Department/ VA Medicaid  
11013 W. Broad Street  
Glen Allen, Virginia 23060

Copies of the SA forms which include the criteria are available online at <https://www.virginiamedicaidpharmacyservices.com>.

### **Prospective Drug Utilization (ProDUR) Message Changes**

Effective January 2, 2014, DMAS will return all NCPDP allowable ProDUR messages on pharmacy claims submitted at point-of-sale (POS). If a claim has more than eight (8) ProDUR messages, the pharmacist will receive a NCPDP response with the conflict code 'CH' and the message to "CALL THE HELPDESK - 800-774-8481." Questions related to the integration of this change with pharmacy providers' claims processing software should be directed to [ProDURhelp@dmass.virginia.gov](mailto:ProDURhelp@dmass.virginia.gov). Pharmacies that are interested in testing this change should have their software vendor email [ProDURhelp@dmass.virginia.gov](mailto:ProDURhelp@dmass.virginia.gov) to request BIN and PCN information. Additional information about DMAS' ProDUR program can be found in the Pharmacy Manual, Chapter IV at [www.virginiamedicaid.dmass.virginia.gov/wps/portal/ProviderManual](http://www.virginiamedicaid.dmass.virginia.gov/wps/portal/ProviderManual).

### **National Drug Code (NDC) Requirement for Pharmacy Point of Sale (POS) Claims**

Virginia Medicaid requires all pharmacy claims submitted for payment to include the NDC for the prescribed drug. Effective January 2, 2014, Virginia Medicaid will no longer accept the submission of the Universal Product Code (UPC) for pharmacy claims. Pharmacy claims submitted with a UPC code will receive a Virginia Medicaid denial edit 0425 – "Product/Service ID is not a NDC or NCPDP error 70 - "NDC is not covered."

Useful Telephone Numbers For Medicaid Participating Pharmacies	Telephone Number(s)	Information Provided
Pharmacy Call Center	1-800-774-8481	Pharmacy claims processing questions, including transmission errors, claims reversals, etc., the generic drug program, problems associated with generic drugs priced as brand drugs, obsolete date issues, determination if drug is eligible for Federal rebate
Preferred Drug List (PDL) & Service Authorization Call Center	1-800-932-6648	Questions regarding the PDL program, service authorization requests for non-preferred drugs, service authorization requests for drugs subject to prospective DUR edits
Maximum Allowable Cost (MAC) Specialty Maximum Allowable Cost (SMAC) Call Center	1-866-312-8467	Billing disputes and general information regarding multi-source drugs subject to the MAC program, and billing disputes and general information related specialty drugs subject to the SMAC Program
Provider Helpline	1-800-552-8627 In state long distance 1-804-786-6273	All other questions concerning general Medicaid policies and procedures
MediCall	1-800-884-9730 or	Automated Voice Response System for

	1-800-772-9996	Verifying Medicaid Eligibility
Medicaid Managed Care Organization (MCO) Information	Anthem 1-800-901-0020 CareNet 1-800-279-1878 Kaiser 1- 855-249-5025 INTotal 1-855-323-5588 Majesticare 1-866-996-9140 Optima 1-800-881-2166 VA Premier 1-800-828-7989	Questions relating to Medicaid Recipients enrolled in Medicaid Managed Care Plans

### **COMMONWEALTH COORDINATED CARE**

Commonwealth Coordinated Care (CCC) is a new initiative to coordinate care for individuals who are currently served by both Medicare and Medicaid and meet certain eligibility requirements. Please visit the website at [http://www.dmas.virginia.gov/Content\\_pgs/alte-home.aspx](http://www.dmas.virginia.gov/Content_pgs/alte-home.aspx) to learn more.

### **VIRGINIA MEDICAID WEB PORTAL**

DMAS offers a web-based Internet option to access information regarding Medicaid or FAMIS member eligibility, claims status, check status, service limits, service authorizations, and electronic copies of remittance advices. Providers must register through the Virginia Medicaid Web Portal in order to access this information. The Virginia Medicaid Web Portal can be accessed by going to: [www.virginiamedicaid.dmas.virginia.gov](http://www.virginiamedicaid.dmas.virginia.gov). If you have any questions regarding the Virginia Medicaid Web Portal, please contact the Xerox State Healthcare Web Portal Support Helpdesk, toll free, at 1-866-352-0496 from 8:00 a.m. to 5:00 p.m. Monday through Friday, except holidays. The MediCall audio response system provides similar information and can be accessed by calling 1-800-884-9730 or 1-800-772-9996. Both options are available at no cost to the provider. Providers may also access service authorization information including status via KePRO's Provider Portal at <http://dmas.kepro.com>.

### **ELIGIBILITY VENDORS**

DMAS has contracts with the following eligibility verification vendors offering Internet real-time, batch and/or integrated platforms. Eligibility details such as eligibility status, third party liability, and service limits for many service types and procedures are available. Contact information for each of the vendors is listed below.

Passport Health Communications, Inc. <a href="http://www.passporthealth.com">www.passporthealth.com</a> <a href="mailto:sales@passporthealth.com">sales@passporthealth.com</a> (888) 661-5657	Siemens Healthcare (HDX Division) <a href="http://www.hdx.com">www.hdx.com</a> (610) 219-1600	Emdeon <a href="http://www.emdeon.com">www.emdeon.com</a> (877) 363-3666	Availity, LLC <a href="http://www.availity.com">www.availity.com</a> <a href="mailto:support@availity.com">support@availity.com</a> (800) 282-4548	Dorado Systems, LLC <a href="http://www.Doradosystems.com">www.Doradosystems.com</a> <a href="mailto:sales@doradosystems.com">sales@doradosystems.com</a> (856) 354-0048
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### **"HELPLINE"**

The "HELPLINE" is available to answer questions Monday through Friday from 8:00 a.m. to 5:00 p.m., except on holidays. The "HELPLINE" numbers are:

1-804-786-6273 Richmond area and out-of-state long distance  
1-800-552-8627 All other areas (in-state, toll-free long distance)

Please remember that the "HELPLINE" is for provider use only. Please have your Medicaid Provider Identification Number available when you call.